

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

192

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return preferably be made
by the person who the original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.*.....

Place of ~~the~~ Miami County Gila No..... St.

SEX OF CHILD { Male } and { Number in order of birth }
(Registered)

DATE OF BIRTH July 26 1929
(Month) (Day) (Year)

FULL NAME FATHER Munoz

FULL MAIDEN NAME MOTHER ia Sanchez

*These entered by the local registrar before giving out this form.

Blank reports of birth may be obtained from the local registrar.

I HEREBY CERTIFY that the child described herein
has been named

SANTIAGO MUNOZ

(Give name in full)

(Surname)

Elena Munoz
(Parent's Signature)

(Signature of Physician or Midwife)

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